

## **SPECIAL POWER OF ATTORNEY (THRIFT SAVINGS PLAN)**

*PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, § 1044b and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a State, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.*

**KNOW ALL PERSONS:** That I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, currently residing at \_\_\_\_\_ by this document do make and appoint \_\_\_\_\_, whose address is \_\_\_\_\_ as my true and lawful attorney-in-fact to act as follows, GRANTING unto my said attorney-in-fact full power to:

1. To do any and all acts necessary and appropriate with the Defense Finance and Accounting Service (DFAS) Office, wherever located, to establish and/or start a deduction from my military pay in order to contribute to a Thrift Savings Plan (TSP) account in my name. [The amount of my TSP contribution shall be \_\_\_\_% of my base pay, \_\_\_\_% of my incentive pay, \_\_\_\_% of my special pay, and/or \_\_\_\_% of my bonus pay.]

My attorney-in-fact is authorized to sign, seal, and execute any and all documents, including completing and filing with DFAS a TSP-U-1 (TSP Election Form), to start the said deduction/contribution.

2. To do any and all acts necessary and appropriate with the Defense Finance and Accounting Service (DFAS) Office, wherever located, to stop a current deduction/contribution to a Thrift Savings Plan (TSP) account in my name.

My attorney-in-fact is authorized to sign, seal, and execute any and all documents, including completing and filing with DFAS a TSP-U-1 (TSP Election Form), to stop the said deduction/contribution.

3. To do any and all acts necessary and appropriate with the Defense Finance and Accounting Service (DFAS) Office, wherever located, to change my existing deduction currently being contributed to a Thrift Savings Plan (TSP) account in my name. [The amount of my TSP contribution shall be \_\_\_\_% of my base pay, \_\_\_\_% of my incentive pay, \_\_\_\_% of my special pay, and/or \_\_\_\_% of my bonus pay.]

My attorney-in-fact is authorized to sign, seal, and execute any and all documents, including completing and filing with DFAS a TSP-U-1 (TSP Election Form), to change the said deduction/contribution.

4. To do any and all acts necessary and appropriate with the Thrift Savings Plan (TSP) record keeper or TSP Service Office to change the allocation of my TSP contribution. [The contribution shall be allocated as follows: \_\_\_\_% to the Government Securities Investment (G) Fund, \_\_\_\_% to the Fixed Income Index Investment (F) Fund, \_\_\_\_% to the Common Stock Index Investment (C) Fund, \_\_\_\_% to the Small Capitalization Stock Index Investment Fund (S) Fund, and \_\_\_\_% to the International Stock Index Investment Fund (I) Fund.]

My attorney-in-fact is authorized to sign, seal, and execute any and all documents, including completing and filing with the TSP Service Office a TSP-U-50 (Investment Allocation), to change the said allocation.

Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

I HEREBY RATIFY ALL THAT MY ATTORNEY IN FACT SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

**TERMINATION:** This power shall remain in full force and effect until \_\_\_\_\_, or one year after the execution of this power of attorney, whichever is earlier, unless sooner revoked or terminated by me.

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing", "missing-in-action" or "prisoner of war," then this power of attorney shall automatically remain valid and in full effect until sixty (60) days after I have returned to the United States Military control following termination of such status.

**I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.**

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this day, \_\_\_\_\_.

\_\_\_\_\_  
***Grantor's Signature***

WITNESSED:

\_\_\_\_\_  
PRINT NAME:

\_\_\_\_\_  
PRINT NAME:

\_\_\_\_\_  
PRINT ADDRESS

\_\_\_\_\_  
PRINT ADDRESS:

\_\_\_\_\_  
**ACKNOWLEDGEMENT**

☐ With the United States Armed Forces at \_\_\_\_\_

☐ STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, ss.

The foregoing instrument was acknowledged before me by \_\_\_\_\_ and the above named two witnesses, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. They were all identified by Armed Forces ID Cards.

☐ I do further certify that I am a person in the service of the U.S. Armed Forces authorized the general powers of a notary public under Title 10 U.S.C. 1044a and JAGMAN Chapter IX.

☐ A Notary Public

\_\_\_\_\_  
Print Name:  
Notary Public